Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:

COUNTY:

DISTRICT:

44518

FACILITY: LOCATION: American Energy Corp Century Mine 43521 Mayhugh Hill Rd Twp Hwy 88 Beallsville, OH 43716 Belmont

SEDO

STATUS:

Original

PERMIT NUMBER: STATION CODE: MONITORING PERIOD: 0IL00091*GD

REPORTING LAB:

012 **2009-02-01** To: **2009-02-28**

ANALYST: NO DISCHARGE INDICATOR: AL

| | Manganese, Total | | | | | | / | | |
|--|---|----------------------------|-------------------------|-------------|-------------|------------------------|------------------------|-------------|--------------------|
| PARAMETER | (Mn) | <u> </u> | | | | | | <u> </u> | |
| PARAMETER CODE UNITS | 01055 4107 |] | | | | | | | |
| FREQUENCY | 1 / 2 Weeks | | | | | | | | - |
| SAMPLING TYPE | Grab | | | | | | | | |
| 2009-02-01 | | | | | | | | | |
| 2009-02-02 | | | | | | | | | |
| 2009-02-03 | | | | | | | | | |
| 2009-02-04 | | | | | | | | | |
| 2009-02-05 | | | | |] | | | | |
| 2009-02-06 | | | | | | | | | |
| 2009-02-07 | | | | | | | | | |
| 2009-02-08 | | | | | | | | | |
| 2009-02-09 | | | | | | | | | |
| 2009-02-10 | <u></u> | | | | | | | | |
| 2009-02-11 | | | | | | | | | |
| 2009-02-12 | | | | | | | | | |
| 2009-02-13 | | | | | | | | | |
| 2009-02-14 | | | | | | | | | |
| 2009-02-15 | l | | | | | | | | |
| 2009-02-16 | | | | | | | | | |
| 2009-02-17 | | | | | | | | | |
| 2009-02-18 | | | | | | | | | |
| 2009-02-19 | | | | | | | | | |
| . 2009-02-20 | | | | | | | | | |
| 2009-02-21 | | | | | | | | | |
| 2009-02-22 | | | | | | | | | |
| 2009-02-23 | | | | | | | | | |
| 2009-02-24 | | | | | | | | | |
| 2009-02-25 | | | | | | | | | |
| 2009-02-26 | | <u> </u> | | | | | | | |
| 2009-02-27 | | | | | | | | | |
| 2009-02-28 | ļ | <u> </u> | | | | | | <u></u> | |
| Minimum | | | | | | | ļ | | |
| Maximum Average | | { | | | | | | | |
| Count | | <u>}</u> | | | | | } | | |
| Name of Responsible Officia or Authorized Representativ | p certify ander the pe | nalty of law that I have p | personally examined and | am familiar | Sig | gnature of Responsible | Official or Authorized | | mission te/Time |
| Dennis Dubiel | with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Page 6 | | | | | | | | 9-03-19 |